

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Bill Nelson for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Dawn Melody Trimble</p> <p>Mailing Address 424 Lansbrook Dr.</p> <p>City State Zip Code Venice FL 34292</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Venice Regional Medical Center</p> <p>Occupation CEO</p> <p>Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="500.00"/></p>	<p>Date of Receipt MM / DD / YYYY 09 / 15 / 2009</p> <p>Transaction ID: C5161333</p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Deborah L. Trimble</p> <p>Mailing Address 257 Fifth St.</p> <p>City State Zip Code Paintsville KY 41240</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Paintsville Hospital</p> <p>Occupation CEO</p> <p>Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="500.00"/></p>	<p>Date of Receipt MM / DD / YYYY 09 / 15 / 2009</p> <p>Transaction ID: C5161334</p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Donald J. Trump</p> <p>Mailing Address 725 Fifth Avenue Floor 26</p> <p>City State Zip Code New York NY 10022</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer The Trump Organization</p> <p>Occupation President</p> <p>Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="2000.00"/></p>	<p>Date of Receipt MM / DD / YYYY 08 / 11 / 2009</p> <p>Transaction ID: C5158047</p> <p>Amount of Each Receipt this Period <input type="text" value="2000.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) <input type="text" value="3000.00"/></p>	
<p>TOTAL This Period (last page this line number only) <input type="text"/></p>	